

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HETEROCYCLECARBONYL AMINO ACID HYDROXYETHYLAMINO
SULFONAMIDE RETROVIRAL PROTEASE INHIBITORS**

The specification of which, with any Preliminary Amendment, (check one)

☐ is attached hereto

☒ was filed on 6-7-95 as Application Serial No. 08/474,117 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

(Number) (Country) (Day/month/year filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as

defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(Status)
--------------------------	---------------	----------

(Application Serial No.)	(Filing date)	(Status)
--------------------------	---------------	----------

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: DENNIS A. BENNETT, Registration No. 34,547; JOSEPH W. BULOCK, Registration No. 37,103; SCOTT B. FEDER, Registration No. 33,129; ROBERTA L. HASTREITER, Registration No. 32,990; J. TIMOTHY KEANE, Registration No. 27,808; CYNTHIA S. KOVACEVIC, Registration No. 35,578; SCOTT J. MEYER, Registration No. 25,275; JOY ANN SERAUSKAS, Registration No. 27952; FRANK S. UNGEMACH, Registration No. 34,449; ROGER A. WILLIAMS, Registration No. 27679; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to Frank S. Ungemach at 314-694-9092 and address all correspondence to:

G. D. Searle & Co.
Corporate Patent Law Department
P.O. Box 5110
Chicago, Illinois 60680-9889

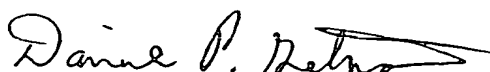
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1)

FULL NAME OF INVENTOR	LASTNAME Getman	FIRSTNAME Daniel	MIDDLENAME P
--------------------------	--------------------	---------------------	-----------------

RESIDENCE & CITIZENSHIP	CITY Chesterfield	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. USA
----------------------------	----------------------	--------------------------------	----------------------------

POST OFFICE ADDRESS	POST OFFICE ADDRESS 66 Sunny Hill Court	CITY Chesterfield	STATE OR COUNTRY MO	ZIPCODE 63017
------------------------	--	----------------------	------------------------	------------------

SIGNATURE OF INVENTOR 1	DATE
	Sept 6, 1995

2)

FULL NAME OF INVENTOR	LASTNAME DeCrescenzo	FIRST NAME Gary	MIDDLE NAME A
RESIDENCE & CITIZENSHIP	CITY St. Peters	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 536 Schrader Farm Dr.	CITY St. Peters	STATE OR COUNTRY MO ZIPCODE 63376
SIGNATURE OF INVENTOR 2		DATE 6/14/95	

3)

FULL NAME OF INVENTOR	LASTNAME Freskos	FIRST NAME John	MIDDLE NAME N
RESIDENCE & CITIZENSHIP	CITY Clayton	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 7572 York	CITY Clayton	STATE OR COUNTRY MO ZIPCODE 63105
SIGNATURE OF INVENTOR 3		DATE June 15 1995	

4)

FULL NAME OF INVENTOR	LASTNAME Vazquez	FIRST NAME Michael	MIDDLE NAME L
RESIDENCE & CITIZENSHIP	CITY Gurnee	STATE OR FOREIGN COUNTRY IL	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 233 Saratoga Ct.	CITY Gurnee	STATE OR COUNTRY IL ZIPCODE 60031
SIGNATURE OF INVENTOR 4		DATE 6/7/95	

5)

FULL NAME OF INVENTOR	LASTNAME Sikorski	FIRST NAME James	MIDDLE NAME A
RESIDENCE & CITIZENSHIP	CITY Des Peres	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2313 East Royal Ct.	CITY Des Peres	STATE OR COUNTRY MO ZIPCODE 63131
SIGNATURE OF INVENTOR 5		DATE 6/14/95	

6)

FULL NAME OF INVENTOR	LAST NAME Devadas	FIRST NAME Balekudru	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY Chesterfield	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. India
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2175 Parasol Drive	CITY Chesterfield	STATE OR COUNTRY MO ZIPCODE 63017
SIGNATURE OF INVENTOR 6		DATE 6/14/95	

7)

FULL NAME OF INVENTOR	LAST NAME Nagarajan	FIRST NAME Srinivasan	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY Chesterfield	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. India
POST OFFICE ADDRESS	POST OFFICE ADDRESS 16209 Forest Meadows Dr.	CITY Chesterfield	STATE OR COUNTRY MO ZIPCODE 63005
SIGNATURE OF INVENTOR 7		DATE 6/15/95	

8)

FULL NAME OF INVENTOR	LAST NAME Brown	FIRST NAME David	MIDDLE NAME L
RESIDENCE & CITIZENSHIP	CITY Chesterfield	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 15504 Twingate	CITY Chesterfield	STATE OR COUNTRY MO ZIPCODE 63017
SIGNATURE OF INVENTOR 8		DATE 6/15/95	

9)

FULL NAME OF INVENTOR	LAST NAME McDonald	FIRST NAME Joseph	MIDDLE NAME J
RESIDENCE & CITIZENSHIP	CITY Ballwin	STATE OR FOREIGN COUNTRY MO	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1036 Johanna Dr.	CITY Ballwin	STATE OR COUNTRY MO ZIPCODE 63021
SIGNATURE OF INVENTOR 5		DATE 6/15/95	